

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH COMMANDER JOSEPH COLEMAN, HEALTH AFFAIRS, MULTINATIONAL SECURITY TRANSITION COMMAND- IRAQ VIA TELECONFERENCE
TIME: 10:00 A.M. EDT DATE: THURSDAY, JUNE 5, 2008

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CMDR. COLEMAN: As I was talking about the development of clinics and outfitting them across Iraq, and talking about the medical force, the real core to what we do is, advice the minister of defense surgeon general's office, to ensure that system support, policy development and overall coordination of the development, of the Iraqis' health care system for the military, evolves also, you know, in conjunction with the force generation that's happening.

So this year, I opened up saying we've been really, really busy. I've been here about four months. And there's a lot of things happening. It's not always at the pace that we expect in America. But as a system standing up, with the number of forces that the Iraqi forces are generating, it's pretty impressive, the things that are happening and the development of a system in support of those forces.

The surgeon general, in working with him, what we've tried to do at this point, because we have that basic infrastructure in place and a lot of medics out, in the unit, and doctors coming into the Iraqi army, we're trying to look now out towards the future.

And some of the things that we're looking to do and focus on is, develop more of the clinical side, grow his -- he set up his staff pretty well to function administratively, but grow the hospitalization piece for the Iraqi military. And that's going to be still quite a challenge to go ahead. But we're laying the groundwork to do that.

So we can do that in a stepped fashion and get things going for them at that level moving up from clinics, you know, to hospitals, so that they have a little bit of a reach-back capability for the folks, that are out there at the training bases and around in location and support command around the country.

So that will be the next big step that's really -- that the surgeon general's office and the Iraqi health care system is moving towards: their systems, of course, system integration. They're making some really great progress because, you know, they don't have a million doctors here to draw in doctors, nurses and support personnel that they can draw in right away and put to work.

So what they're doing is cooperative agreements with the minister of health who has several, many hospitals across the country actually. But in areas

where we have a high concentration of forces, training bases and/or operations going on, the ministry of defense develops agreements with hospitals there.

And they put in, they end up putting in, doctors into facilities and using a wing of a hospital and, of course, the support staff that comes with it, along with their medics. So that's working pretty well and that's a step, as they continue to grow their own forces.

With that, I'd like to go ahead and open up and talk and speak to any questions that are out there.

CHARLES "JACK" HOLT (chief, New Media Operations, OASD PA): Okay.

Well, Jarred, why don't you get us started.

Q Yes, sir. Thank you for all that you do.

Could you talk a little bit about -- you've been there for four months. And have you seen -- as a result of the military operations, have you seen better access? In other words, can we get more doctors into more places now? Is it easier to kind of move about? Is there any correlation at all between, like, the security situation and the efforts of what you're trying to accomplish?

CMDR. COLEMAN: Well, from what we're doing, yes, I can see progress. Whether it's -- it depends on who you are to measure how much progress there is. I see a pretty good progress in access. For instance, we have a prosthetics clinic here that's in Baghdad. It's an MOD clinic. It has state-of-the-art equipment. It's been in the news a lot lately because some of those cooperative agreements that I talked about with the Ministry of Health, this is one of those backwards coming back into the Ministry of Defense. They have state-of-the-art equipment. It's a really good, well-trained staff there and they can do some great work with prosthetics.

And we just recently had a young girl come in from one of the -- from the Diyala province, you know, come the whole way in, have her prosthetics done, and she had to do that over a couple of visits and the access was pretty good. And with that story, and we had media coming over, I got to spend a lot more time at the clinic. And I saw that there was quite of bit of patients able to make it in and out of there.

And that goes the same with some of my counterparts that are working in the province. They're seeing, you know, with the better security situation, people are more willing and able to come in to get some of the community support and that type of community health care, public health, address some of those needs now as opposed to when I first got here, with the security situation the way it was.

So I have seen improvements. It ebbs and flows. But to tell you the truth, over the last couple of months it's been pretty great.

MR. HOLT: Okay. Jarred, is there anything -- Q Sure. I've got -
- I mean, I can keep going if I'm the only one.

MR. HOLT: Okay. Yeah.

Q Yes, sir. So, how about is there enough capacity in the medical schools? In other words, are there enough medical schools?

Are there enough students who are going to those medical schools to start filling it out so that we can saturate more of the different provinces with doctors?

CMDR. COLEMAN: Not in -- not in Iraq. The capacity just isn't there quite yet, although it's growing. There are medical schools; there are, you know, residencies. However, you know, they're really offering it at very low capacity, because of the -- not only because of the security situation, but because it required infrastructure support.

So what is happening is -- it's something that the Ministry of Health and the Ministry of Defense do with coalition forces. It's, you know, we help arrange to have local training, education and support done in, you know, neighboring countries, and in some cases we send them back to the United States -- not in great numbers, but that helps grow the capacity in two ways.

When we do send someone out and bring them back and get them operating and they're talking to their friends, that draws more people in. So every small step that we make in getting someone trained, getting them back and working, really is like -- in America, it would be a two-fold. Well, here it's an exponential, because there are a lot of physicians out here that need to get back. They need to go into, you know, a refresher-type of training, get back into service. And knowing that avenues are out there, they're more willing to come in and do this.

And, I guess I should point out, the other point is, you know, that the pays across the board are coming up. So that's really helping also.

Q So how many Americans are involved in trying -- obviously, you're kind of -- take something which was, you know, 30 years, basically, probably -- that their system is from about what America was 30 or 40 years ago and you're trying to bring it into 2008 and the future. So how many people do you actually have who are able to do that -- I mean, to go from building up the medical schools to building up the hospitals to building up the district clinics to building up the equipment infrastructure and everything like that?

CMDR. COLEMAN: Well, that's a question I'm not really able to answer very well, mainly because it's more of a Ministry of Health type of question. The MOD's capacity is very, very limited in that respect, and that's why we have to engage in the cooperative agreements and memorandums of understanding to get people through those trainings and support.

And like I said before, the capacity across Iraq is really -- it's small. So for us to be able to support, you know, it would take a lot of people to come in. It's actually more efficient, you know, to go ahead and utilize neighboring countries that are willing to support and train and, of course, send some folks back to, you know, to Europe and of course America.

Q So we have the Carabinieri program for the police where we have the Italians helping out. And I've been reading -- I do a weekly report, and I see that France -- Bernard Kouchner -- that the foreign minister was just over pledging more support on the commercial side. So is there any European Union type -- where you're saying like, the Doctors Without Borders program, thoughts

to try to bring more of those people in to try to give their skills to the doctors that are already there or to try to help?

CMDR. COLEMAN: Absolutely. Absolutely. You know, for the non-military-affiliated type of organization, nongovernmental organizations that are out there, they do work through MOH. We do -- MOD doesn't really have any major programs with them. However, on the NATO side, the NATO training mission here in Iraq is actively seeking, you know, NATO countries to come in and, you know, provide training teams, you know, for exactly that.

And we're working with the Surgeon General's Office to try and figure out exactly where he'd like to start. Perhaps to help with training staff and opening the small field hospital that they have here, perhaps paramedic training teams to go out to the clinics, that we have the basic and advanced medical -- medics course that, you know, the paramedic training is something that we can provide to the Ministry of Interior's, you know, police and the MOD clinics that are out there at training bases, which is kind of the next step above what the training is that they -- that they're currently getting.

And so -- and there's a lot of interest in doing that. And what we're just trying to do is identify the numbers right now, you know, that they would need. And really, they're kind of small, based, again, on the current capacity and what's happening.

As an add-on to what I spoke to a little earlier about, you know, doctors coming back, it seems like every day -- and please, this is just my perception -- but it seems like every day, there are more and more folks that are coming back to the clinical services in Iraq. And that seems to be a growing area, which is really, really a good sign.

And that really has been dependent on, you know, a growing security situation getting much, much better, even with the consideration of, you know, the last few months. It seems to be getting better all around. And some provinces are really doing well.

Q And so continuing kind of in that vein, is there enough kind of infrastructure or enough people who are well-qualified within the Ministry of Defense that deals with your part in the Ministry of Health or the Interior -- enough bureaucratic experts in health care to be able to say, "Okay, this is what our plan needs to be for five years out, for 10 years out?" Are you having enough institutional, bureaucratic support for this, where it doesn't have to be Americans planning everything, but the Iraqis kind of know what they're doing, and then we just kind of help them out?

CMDR. COLEMAN: That's a great question, because that's exactly what we're starting to do now. And that's why I'm really excited to be here. When I first got these orders, I wasn't sure exactly where I was going to be, but in training, you know, I found out that I'd be working directly with the Iraqis. And at this point -- we're almost at a tipping point, to do exactly that.

When I talk infrastructure, I mean material and facilities that are out there, you know, and yeah, some -- the personnel that apply. But when you mention bureaucratic types and policy in place, the surgeon general's office, yes, they have the people to be able to do that. And pretty much what our next step right now -- the current thing that we're doing is trying to focus -- and he already has a plan, actually. Brigadier General Samir, the surgeon general at MOD, has a 12-year plan. He just put out a 12-year plan that he developed,

and we're going to start to refine, of a broad strategic plan, a vision of where he wants to be. And it's a great one.

And what we now need to do is start to hang meat to bone on that strategic plan: How do we get there, you know, as we progress out?

Yes, we need to have, you know, hospitals at certain places, and we need to have the -- grow the -- continually grow the medics throughout there, but also have doctors integrated down to the division level. And of course we're going to need to continually figure out how we're going to go ahead, continue resupply, re-outfit and maintain the sustenance -- the sustainment piece of this is what they need to work on.

But that's a perfect question for right now, because that's what we're going. We're setting our focuses on, oh, not just building a building and a clinic; we're -- and getting something there, because really that's what we were doing first. We had to have something or someplace to work, and some equipment to use, and of course, you know, some supplies to be able to expend, you know, we do have -- we had kind of a system of people there now. But the next level, that operational level, needs to be placed on top of this, so that you can continue to develop -- and develop the system. And that is going to provide the meat to -- you know, marching down the road to where they want to be and be able to support their force medically off to 2020.

And that -- when I found out that we -- you know, that they were ready to, you know, pursue that type of thinking, I was real excited, because that kind of sets it up for me and the people who are going to take over for me to continue on with the planning, but also be able to coach them through some of the points that we've hit before.

Q So for the -- in looking towards 2020 and, I guess, more the midterm, is there the plans on the Iraqis' part to get more of the doctors coming into the medical school or to bring those doctors back, to put them into -- to give them, you know, a military rank and then have them be dispersed to that, or to have them more on the civilian Ministry of Health side and yet still supporting the military?

CMDR. COLEMAN: Well, they're going to need a -- like I said earlier, they're going to need still quite a few doctors just to get to the level where they need to be to provide the primary health care for their force. They're drastically low on doctors in the military. So they're going to -- yes, they're going to need to continue to strongly recruit them and not just rely on the civilian facilities, because everybody's strapped. There's a pretty big need for health care because of the lack of basic services for so long.

So you need to cover the gamut.

And like I said, we have a lot of clinics, across the country, that are open but not a lot of doctors at those clinics. We have medics out there. So we need not only to get the doctors out, some doctors out, of these clinics.

We also need to give them that reach-back capability within a system of their own, you know, to send patients back through if, you know, if they can't necessarily get them or they're not next to a major area, where they can get to a military, minister of health hospital.

Q So that's interesting. Is there something analogous to the way we do it in the States where, you know, I could go to JAG school, you know, as an already attorney? Or you know, you go directly into the Navy as a dentist or whatever, if you're already a dentist.

Is there that kind of a system, where the Iraqi government can start to recruit those people, who used to be doctors, or returning Iraqis and say, okay, you know, this is our program; come on in, you know, we'll give you more money to be a doctor in the military instead of just being a civilian doctor. Or have they not really gotten to that stage yet?

CMDR. COLEMAN: No. That's exactly where they're at now.

They -- there is an incentive pay for the doctors. The problem always comes with, you know, the whole -- the government of Iraq and what they're going to pay anybody in any particular profession.

So as things have gotten better and the government has become more and more capable in, you know, making their decisions on where they want to be, they have raised certain pays, some pays across the board. You know, they're bringing up these pays, so that people are more enticed to come.

They do -- the thing is that they've kept in place the incentive pay to become a military physician. So that keeps people, you know, people that are returning to Iraq or have been here and haven't had a job, that enables them, you know, that draws them in more. It's more of a recruiting tool.

Problem is, in a country like this, as we set up the system, you know, you've got to draw those guys back. And also when they come back, they're going to go where they used to live, because they like to, you know, be where they're from.

And that's part of the problem, you know, when you have, you know, try to have -- get everybody across the country. You can't fill them all up at once. It's kind of a willy.

You know, when you get somebody from one area, and you're able to recruit them, that's great, and put them to work there. But not all areas are going to come up populace-wise the way, you know, you're needing them to, in the fashion you're needing them to.

Q And --

CMDR. COLEMAN: But yes, that is exactly where they're at now. They don't have medical schools for the military, but, you know, they can utilize those ones that -- people that are coming back and getting refreshed with MOH; they can recruit doctors from the MOH. More than likely, though, the returning physicians, you know, that they're getting -- they're getting -- you know, that have been in the army before, and they can recruit them and bring them back in.

Q Is there a thought -- just as you mentioned that, you know, like we have our armed services universities for doctors and Bethesda Naval -- are there thoughts to eventually start to establish military health, you know, facilities to train people that are, you know, within the army and kind of set up, I guess, you know, what -- it would be the ROTC over here and then sending them on to medical school and those kind of programs? Is that kind of thought encapsulated in the 2012 -- in the --

CMDR. COLEMAN: That would be off into the distance. It's not something that really has been articulated at this point, mainly because they're at such a low capacity right now. So no, that's not really on the board right now. They used to. And is that something that they want to eventually back to? And, you know, it may come up sooner rather than later, if things go as well as they have been, but it's not really on the board right now.

Q Are there actually teams that go out and study the make-up of the Iraqi army as far as the health goes -- I guess, you know, the literacy rates, the health rates, the disease rates, to check to make sure, you know, how each unit in all parts of the country is doing?

CMDR. COLEMAN: There is reporting from all parts of the country, not teams that go out. They do have preventive medicine docs. They do have preventive medicine policy. So the problem with them right now is the reporting is spotty, and even if they got it, it's real hard to get, you know, information back and consolidated.

But that's coming along. They haven't -- they really don't send out teams to do that, but the base support units, which are becoming location commands, that have clinics out there, do have preventive medicine folks that, actually, we advised when I first got here. And they have since promulgated policy and the surgeon general has acted upon that. It's really tough, though. That's a tough field to be in in this country right now.

Q And so before your tour is up over there, what are the kinds of things you're looking forward to seeing getting accomplished or that you say are the biggest priorities before you head back to the States?

CMDR. COLEMAN: Oh, geez. Actually, I kind of got -- after about a month and a half here, I developed some personal goals for myself to be able to give for my time over here. And I just want to continue to help the Surgeon General's Office get to a point where -- right now they're becoming more and more autonomous. And what I want to focus on for them is providing, like I said earlier, that operational level cover and link-up so that their system continues to grow.

And for me, that means getting the hospital -- they have a small field hospital close in here to Baghdad, which they have transitioned, that they are just about ready to move into. I want to help them get that opened, whether we need to get some kind of training support in, whether it's a NATO training team or a contracted NGO type of organization, while they continue to get their doctors in, get that open, because they do have staff assigned there and they're about ready to open; and also lay the groundwork to get the prosthetics clinic moved out next to where this hospital is so that patient access is really wide open for them.

Movement in and out of the IZ is still kind of tough.

Q Right.

CMDR. COLEMAN: But giving them better patient access not only for the folks that are local here but more of a reach-back capability for, you know, the guys that are out in the nether provinces, out in those clinics so that they have something clinical that they can draw from back here around the Surgeon General's Office. And the Surgeon General then has a bigger recruitment tool

for the doctors that he gets to see every week, the new guys that want to come in, and some place to actually assign them to kind of get up on their clinical skills and see what's going on within the Ministry of Defense health care system.

That's my goal while I'm here. If I can get close to that, I'll be pretty happy. But you know, every time you take a couple of steps forward, there's other things that snag you. Whether it's lack of power or water or, you know, getting the facilities hooked up to this, that or the other thing, you always have drawbacks.

But I think that we're marching there, we're going to get there, and if -- you know, if we can get something close to those things done, I'll be really, really excited for my time here. And I think that our -- the team that we have here will really have done a great job, because, you know, it takes so much when you're kind of starting from scratch, and then you have pieces and parts all over the place, and putting the puzzle back together is the -- it gets really tough, but then you get towards the end and you can see, wow, this major piece can fit together and get going. That's what's exciting, and that's what makes your time here really worth it.

Q Great. And I guess one final question, then, before our time's up, is, how is the government, the civilian government -- is there enough support there? Do they see the mission, and do they support that within our funding, within our infrastructure support? Is that something which will continue? Is that something that needs to constantly be fought?

CMDR. COLEMAN: You know, that's a hard question for me to answer specifically to medical. Across the board, I'd say yes. You know, within the medical department, they're getting the support they need. And what's happening with the government that I see that is being -- you know, is helping the surgeon general's office become better at what they're doing is opening up their bureaucratic processes and their -- I should say their administrative processes, so that things are flowing where they are supposed to flow in order to get approved and get taken care of. And that's probably the most important thing that's happening right now. And they're finding their system of how to process, you know, what they want to do with their evolving health care delivery system. And that's what's really important, because that gives long-term progress a real chance here, you know, when you have these processes in place to go ahead and make a plan and get there.

And it's -- up until, you know, six months ago -- before I came here, you know, I didn't know about it and I didn't really see if that was -- you couldn't really see this happening. But now that I'm here, I'm over to -- I'm here to tell you that that is happening. And you know, it's not at an American pace, but it is happening, and good things are coming from it.

MR. HOLT: All right, sir.

And I got just one question for you, sir. Are you the first in this position, or has this been an ongoing effort that has just -- because you're the first one we've heard about working the health affairs for the Iraqi security forces.

So has this been something that's been building and just now coming to fruition? Or is it a new --

CMDR. COLEMAN: No. I'm not the first in this position. And I can't take any real credit for anything that does happen in the end. All I can take credit for is, you know, a good hard effort, because there's a lot of people that have come before me that have done really great work.

You know, Colonel Rich Ellison, United States Army, just left here a little while ago, spent an entire year over here -- it was his second tour -- and worked in this office and really just did an outstanding job of laying the groundwork, you know, with the infrastructure, recruitment and policy and training and getting all this great base laid so this system can continue to develop. And there were people before him.

So it's just that you probably hadn't heard because the capacity and the capability level, you know, really wasn't up and operational. Now it is and great things are happening, you know, like I mentioned with the prosthetics clinic, but also the clinics that are out there, you know, across Iraq and hopefully soon, you know, hospitals open up in cooperative agreement that really supported the operations in Basra and Mosul with the Ministry of Health. So, you know, that's raised a level of awareness and that's probably why you're only hearing about it now.

MR. HOLT: All right, sir. It's an important piece of building the Iraqi infrastructure in the armed forces. So thank you very much for being with us and hopefully we can speak again here in a few weeks and get an update on how things are going. We appreciate you being here with us.

CMDR. COLEMAN: Not a problem.

MR. HOLT: All right.

CMDR. COLEMAN: Thank you very much. I really -- this was fun. I appreciate it.

MR. HOLT: All right. Thank you very much. Commander Joseph Coleman, who's the deputy director of Multinational Security Transition Command for Iraq in Health Affairs. Thank you very much, sir. END.